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RECIPIENTS

2.118

9.767

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84,253

10,114

11,728

0

235

3,599

1,756

1,823

1.676

119,353

7,800

14,240

123,209

4,458

4,681

16,148

11,943

2.2

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3

22,330

8,579

5.865

2.211

531

828

1,396

1,588

9,312

214

38

258,304

663

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28

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

NUMBER OF

2,151

12.940

161,067

16,336

13,037

9.628

2,379

2,072

5.592

2,699

366,780

9,376

16.144

4,638

123,279

13.535

27,845

55,441

27,200

9,686

2,549

797

1,989

1.794

1,795

18,746

359

52

10.894

3

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282.056

403

28

UNITS OF

62.429

221,348

222,648

15,751

25,492

0

9,279

281,228

36,716

450.448

330,163

9,727

16.121

4,638

123,274

1,570,043

13.535

76,432

186

- 0

40

27.463

10,223

14.084

3,163

24,359

51,217

2.288

48,687

663,215

9.286

3,168

п

n

282,056

4,611

1,979

818

PAGE

RUN DATE 07/29/07

TOTAL. PAYMENT

\$22,454,988.43

\$13,624,200.82

\$1,605,434.89

\$34,508,268.25

\$20,689,881.69

\$9,084,692.27

\$13,597,289.87

\$1,811,104.16

\$438,462.10

\$397,476.19

\$3.064.905.22

\$2,152,625.38

\$2,524,389.60

\$269,455.25

\$100,892.29 \$13,659,091.29

\$724,222.12

\$8,158,849,89

\$1,194,638,50

\$686,993.70

\$246,548.00

\$666,986.59

\$7,482,33

\$0.00

\$306.56

\$2,411.04

\$3,095,284.68

\$1,722,046.28

\$3,915,208,89

\$563,938.29

\$149,965.37

\$275,325.76

\$79,187.00

\$219,760.93

\$33,640.68

\$356,952.66

\$1,375,131.64

\$25,049,962.66

\$391,777.67

\$202,082.02

\$0.00

\$n.nn

\$0.00

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\$0.00

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\$n.nn

1

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

INTER CARE MENTAL RETARDA

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

EPSDT SCREENING

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

PATTENT MANAGEMENT

HMO SERVICES

DENTAL

OPTOMETRIST

CHIROPRACTIC

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

AS OF 07/31/07

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

	SERVED	CLAIMS	SERVICE	
INPATIENT	5,543	5,491	32,743	
OUTPATIENT	47,639	64,340	547,670	
CHILD PART HOSP	0	0	0	
CHILD DAY TREATMENT	0	0	0	
ADULT PART HOSP	0	0	0	
ADULT DAY TREATMENT	0	0	0	
SKILLED NURSING FACILITY	793	503	6,668	
INTERMEDIATE CARE FACILITY	12,492	13,434	382,259	

IAN	M22	:00-R003	(MR-O-12)
AS	OF	07/31/07	

ILL & HANDICAPPED WAIVER SVCS

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 "EM RUN DATE 07/29/07

115,283

0

10,494

6,102,140

0

TOTAL PAYMENT

\$5,271,422.24

\$1,800,872.91

\$2,588,100.00

\$198,304,459,27

\$457,796.84-

\$0.00

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 07/31/07)

3,357

10,071

0

0

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CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
ELDERLY WAIVER SERVICES	8,665	28,143	390,900

2,011

8,719

\* A L L C A T E G O R I E S \* 324,789 1,328,670 \*\*\* END OF REPORT \*\*\*

2.6

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